

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020691

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 181  
**FILED JUN 17 1963**

Primary Registration District No. 4293 Registrar's No. 75

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Elsberry</b>		c. CITY OR TOWN <b>Elsberry</b>	
Length of stay in 1b <b>life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>416 S. Seventh St.</b>		d. STREET ADDRESS (If outside, give location) <b>416 S. Seventh St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>ADDIE WHITE</b>		4. DATE OF DEATH Month <b>June</b> Day <b>5</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-2-86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		11. BIRTHPLACE (City and state or country) <b>Elsberry, Mo.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Jerry Bates</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca ?</b>	
14. NAME OF HUSBAND OR WIFE <b>Richard White</b>		17. INFORMANT Address <b>Richard White Elsberry, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>---</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b> DUE TO (b) <b>CPR. MYOCARDITIS</b> DUE TO (c) <b>---</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>---</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b> <b>YMD</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>		20c. TIME OF INJURY Hour <b>---</b> a.m. <b>---</b> p.m. Month, Day, Year <b>---</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	
20f. CITY, TOWN, OR LOCATION <b>Elsberry, Missouri</b>		COUNTY <b>---</b> STATE <b>---</b>	
21. I attended the deceased from <b>6-4-63</b> to <b>6-5-63</b> and last saw her alive on <b>6-5-63</b> Death occurred at <b>10:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>---</b>		22b. ADDRESS <b>Elsberry, Missouri</b>	
22c. DATE SIGNED <b>6-7-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>6-9-63</b>		23c. NAME OF CEMETERY <b>City</b>	
23d. LOCATION (City, town, or county) <b>Elsberry, Mo.</b>		(State) <b>---</b>	
24. FUNERAL DIRECTOR <b>Ricks Funeral Home</b>		ADDRESS <b>Elsberry, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>6-10-63</b>		26. REGISTRAR'S SIGNATURE <b>Ray T. Kessel - by M.S.</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4012

P. O. Address Elberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.